Clonidine overdose can cause significant CNS and CVS depression. Children are more susceptible to clonidine toxicity.

Toxicity / Risk Assessment	Management:
Effects correlate poorly with ingested dose	Primarily supportive. Intubation and ventilation may be required in severe toxicity
Ingestions >10 mcg/kg are associated with	Decontamination: Activated charcoal (AC) is generally NOT indicated due to rapid onset of CNS depression.
significant toxicity especially in children &	AC can be administered via NG tube in patients requiring intubation following massive ingestion.
adolescents	Bradycardia - treatment is rarely needed unless concurrent hypotension or reduced end-organ perfusion
Ingestion >1-2 tablets is potentially	Atropine: 0.6 mg IV boluses 5-minutely up to 3 doses (child 0.02 mg/kg boluses)
life-threatening in a child	<u>Hypotension</u>
Rapid onset of toxicity: within 2 hours	- Correct bradycardia as above, then fluid load: 10-20 mL/kg IV crystalloid
In massive ingestion, toxicity can last > 24 hours	If cardiovascular compromise persists despite atropine and IV fluids please discuss with a clinical toxicologist
	<u>Hypertension</u>
<u>Clinical features:</u>	- Usually transient and resolves spontaneously. No treatment is usually required.
- CNS: drowsy, ataxia, miosis, coma	<u>Naloxone</u>
(the absence of miosis does not exclude	- Naloxone is not considered as a routine part of the management of clonidine toxicity.
exposure)	
- CVS: bradycardia, ↓BP, AV block,	Disposition
brady-arrhythmias, postural hypotension,	- Discharge pending mental health assessment if asymptomatic and well 4 hours post ingestion
transient hypertension	- Admit all symptomatic patients for at least 12 hours or until symptoms resolve
- Respiratory: bradypnoea, apnoea	- Patients with severe CNS or CVS depression should be managed in HDU/ICU
- Others: hypothermia may occur	- Exclude significant postural hypotension and ensure able to mobilise safely prior to discharge
	- Advise the patient not to drive for at least 72 hours post exposure

AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE

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